

## Credential Renewal Packet

Congratulations! You have accomplished an important step in your continued search for professional development and growth. Renewing your School-Age Care Credential indicates that you are committed to the best practices for school-age care and are willing to continue that commitment.

This packet contains important information and instructions in regard to the renewal process. Please be sure to read it very carefully and contact Erin at the Network for Youth Success if you have any problems, [erin@networkforyouthsuccess.org](mailto:erin@networkforyouthsuccess.org).

It is very important to renew your credential if you are planning to continue a career in School-Age Care, if you are interested in strengthening your skills in the field or, if you need to maintain compliance with OCFS regulations for your program.

The interval for the renewal period is three years, which is why you recently received notice. A Credential must be renewed every three years to remain current and valid.

### Expectations

As you read through this packet, take note of all of the documentation and items that you will need to submit for this phase of your renewal. Your entire packet is due no later than thirty (30) days beyond the original date on your credential certificate. You must submit the entire packet together. Do not send pieces of it as you collect them.

You must submit the renewal fee of \$150.00 either by personal check, money order or signed EIP award voucher with your packet. Renewal packets sent without payment will not be processed until payment is received.

All required documentation must be included or your packet will not be processed until it is complete.

### Instructions

1. Choose which renewal packet to complete.
  - a. Choose **Direct Care Professional** if you are currently working directly with children. Ex: Counselors, Group Leaders, Site Directors.
  - b. Choose **Advanced Professional** if you are no longer working directly with children, but are still in the afterschool field. Ex: Administration, Educators, Coaches, Endorsers, Advisors, etc.
2. Complete renewal packet.
3. Submit all required documentation.
4. Sign and submit Statement of Professionalism (on next page).
5. Remit payment.



Use the School-Age Care Credential Renewal Documentation section of this packet to complete the required work.

When this is complete, send in the entire section, the required documents, the signed Statement of Professionalism and payment to the following address:

New York State Network for Youth Success  
991 Broadway, Suite 2015  
Albany, NY 12204

**Payments should be made out to: AfterSchool Works! NY**

If you have any questions regarding the documentation you may contact New York State Network for Youth Success at 518.486.8567.

Please read and sign the following **Statement of Professionalism**:

“I have read and met all the requirements of the School-Age Care Credential Renewal System.

I understand that individuals convicted of a crime involving child abuse or maltreatment are ineligible to apply for or hold the School-Age Care Credential.

I have read and understood the *National AfterSchool Association Code of Ethics*.

If I am awarded a renewal of my School-Age Care Credential, and the right to use the title Credentialed School-Age Care Professional, I agree to meet the standards of the New York State School-Age Care Credential to the best of my abilities and to conduct myself in a professional and ethical manner.

Failure to meet the New York State School-Age Care Credential standards and/or conduct myself in a professional and ethical manner may result in revocation of my School-Age Credential Certification.

All responses on this renewal application are true to the best of my knowledge.

All documentation submitted is my own.”

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_



School-Age Care Credential Renewal Documentation  
**DIRECT CARE PROFESSIONALS**

**Renewal Candidate Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Required Documentation**

**1. Comprehensive description of work experience for the past three (3) years**

It is expected that the majority of your work experience over the past three (3) years has been in the field of school-age care. Note variations in your employment (unemployed, change of jobs etc.). Any of these variations should be described and will be considered during the review of the application. (Attach additional pages if necessary.)

|                     |       |                     |  |
|---------------------|-------|---------------------|--|
| Place of Employment |       | Dates of Employment |  |
| Address             |       |                     |  |
| City                | State | Zip Code            |  |
| Supervisor's Name   | Phone |                     |  |
| Title               |       |                     |  |
| Responsibilities    |       |                     |  |

**2. Current First Aid and Adult-Child CPR Certification**

Provide documentation of your certification, either by a photocopy of your certificates or a letter from the training agency with your name on it.

**3. Child Abuse and Maltreatment Training**

Submit a photocopy of a current Child Abuse and Maltreatment Prevention training certificate to demonstrate that you are updated on this issue as a mandated reporter.

**4. Professional Membership – New York State Network for Youth Success**

In order to renew your credential, you must currently be a member of New York State Network for Youth Success. Submit a photocopy of your New York State Network for Youth Success membership certificate indicating that you have maintained membership in order to stay up-to-date with the latest research, information, professional development opportunities, and to have access to a networking group of colleagues and fellow-professionals. *\*Please note: upon your next renewal, you will be required to show proof you maintained membership throughout the three year period.*

**5. Proof of Work in Afterschool**

Submit a letter from your most current supervisor, professional peer, or board member that indicates your work experience - paid or unpaid.

**6. Proof of Registration in the Aspire Registry**

**7. Letter of Recommendation**

Submit a letter from a school-age care professional, colleague, or supervisor who can knowledgeably speak to your competence in the field of school-age care or SACC program development, giving specific examples.

**8. Updated Resume**

Submit a photocopy of your up-to-date resume.

**9. Professional Development Documentation**

- \_\_\_ 1.5 Continuing Education Credits per year, or
- \_\_\_ 3 College Credits related to the field or leading to a degree in the field per year, or
- \_\_\_ 20 training hours per year, for a total of 60 hours over the last three years.

*Use the sheets on the following pages to create a comprehensive list of trainings, workshops, classes, etc. attended. Copies of transcripts and/or certificates must accompany the list. Continuing Education Units or CEU's*

Professional Development Hours

| Year One Following Credential Award |                |                |
|-------------------------------------|----------------|----------------|
| Professional Development Course     | Date Completed | Training Hours |
|                                     |                |                |
|                                     |                |                |
|                                     |                |                |

| Year Two Following Credential Award |                |                |
|-------------------------------------|----------------|----------------|
| Professional Development Course     | Date Completed | Training Hours |
|                                     |                |                |
|                                     |                |                |
|                                     |                |                |

| Year Two Following Credential Award |                |                |
|-------------------------------------|----------------|----------------|
| Professional Development Course     | Date Completed | Training Hours |
|                                     |                |                |
|                                     |                |                |
|                                     |                |                |

CEUs

| Selected Year Following Initial Credentialing | Continuing Education Units Received |
|---|-------------------------------------|
| Year One Training Program:                    |                                     |
| Year Two Training Program:                    |                                     |
| Year Three Training Program:                  |                                     |

College Credit Courses

| College or University | Course Title | Credit Hours | Date Completed | Grade |
|-----------------------|--------------|--------------|----------------|-------|
|                       |              |              |                |       |
|                       |              |              |                |       |
|                       |              |              |                |       |
|                       |              |              |                |       |

**10. Three Year Professional Development Plan**

Provide an update at least 50% (*14 or more*) of short- and long-term goals identified during your Assessment Visit and recorded on Form 6.4 Candidate Profile (first time renewal is based on goals recorded on Form 6.4; subsequent renewal goals are based on the previous renewal packet.) **Use the format below to complete your professional development plan, attach additional pages.**

- 1). Skill Area Goal: \_\_\_\_\_
- 2). What You Have Done? \_\_\_\_\_
- 3). What Results Have You Recorded? \_\_\_\_\_

For first-time-renewals, additionally provide an update report about any skill areas that received any 'needs more training' votes as recorded on your Credentialed Professional Profile.

- 1). Skill Area Needing More Training: \_\_\_\_\_
- 2). Training Received: \_\_\_\_\_
- 3). What Results Have You Recorded? \_\_\_\_\_
- 4). What You Have Done to Improve your Skills in this Area? \_\_\_\_\_

**10. Commitment to Professionalism**

Create short- and long-term goals for 14 Skill Areas for the next three years. Use the worksheet (4.4) provided on the next page.

#### 4.4 Short-and Long-Term Goals Worksheet

Candidate Name \_\_\_\_\_

| Skill Area   | What I'll do and How I'll do it | When I'll do it |
|--|---------------------------------|-----------------|
| <b>Professionalism: Specific, Measurable, Achievable, Relevant, Timely</b>   |                                 |                 |
| Short-Term<br>Within 6 months  |                                 |                 |
| Long-Term<br>Within 3 years  |                                 |                 |
| <b>Child Development: Specific, Measurable, Achievable, Relevant, Timely</b> |                                 |                 |
| Short-Term   |                                 |                 |
| Long-Term  |                                 |                 |
| <b>Safety: Specific, Measurable, Achievable, Relevant, Timely</b>            |                                 |                 |
| Short-Term   |                                 |                 |
| Long-Term  |                                 |                 |
| <b>Health: Specific, Measurable, Achievable, Relevant, Timely</b>            |                                 |                 |
| Short-Term   |                                 |                 |
| Long-Term  |                                 |                 |
| <b>Self: Specific, Measurable, Achievable, Relevant, Timely</b>              |                                 |                 |
| Short-Term   |                                 |                 |
| Long-Term  |                                 |                 |
| <b>Guidance: Specific, Measurable, Achievable, Relevant, Timely</b>          |                                 |                 |
| Short-Term   |                                 |                 |
| Long-Term  |                                 |                 |

|   |  |  |
|---|--|--|
| <b>Out of School Environments: Specific, Measurable, Achievable, Relevant, Timely</b>     |  |  |
| Short-Term  |  |  |
| Long-Term   |  |  |
| <b>Creative: Specific, Measurable, Achievable, Relevant, Timely</b>                       |  |  |
| Short-Term  |  |  |
| Long-Term   |  |  |
| <b>Physical: Specific, Measurable, Achievable, Relevant, Timely</b>                       |  |  |
| Short-Term  |  |  |
| Long-Term   |  |  |
| <b>Cognitive: Specific, Measurable, Achievable, Relevant, Timely</b>                      |  |  |
| Short-Term  |  |  |
| Long-Term   |  |  |
| <b>Communication: Specific, Measurable, Achievable, Relevant, Timely</b>                  |  |  |
| Short-Term  |  |  |
| Long-Term   |  |  |
| <b>Social: Specific, Measurable, Achievable, Relevant, Timely</b>                         |  |  |
| Short-Term  |  |  |
| Long-Term   |  |  |
| <b>Families: Specific, Measurable, Achievable, Relevant, Timely</b>                       |  |  |
| Short-Term  |  |  |
| Long-Term   |  |  |
| <b>Program Operational Management: Specific, Measurable, Achievable, Relevant, Timely</b> |  |  |
| Short-Term  |  |  |
| Long-Term   |  |  |





## School-Age Care Credential Renewal Documentation **ADVANCED PROFESSIONALS**

### Renewal Candidate Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Required Documentation

**1. Comprehensive description of work experience for the past three (3) years**

It is expected that the majority of your work experience over the past three (3) years has been in the field of school-age care. Note variations in your employment (unemployed, change of jobs etc.). Any of these variations should be described and will be considered during the review of the application. (Attach additional pages if necessary.)

|                     |       |                     |  |
|---------------------|-------|---------------------|--|
| Place of Employment |       | Dates of Employment |  |
| Address             |       |                     |  |
| City                | State | Zip Code            |  |
| Supervisor's Name   | Phone |                     |  |
| Title               |       |                     |  |
| Responsibilities    |       |                     |  |

**2. Professional Membership – New York State Network for Youth Success**

In order to renew your credential, you must currently be a member of New York State Network for Youth Success. Submit a photocopy of your New York State Network for Youth Success membership certificate indicating that you have maintained membership in order to stay up-to-date with the latest research, information, professional development opportunities, and to have access to a networking group of colleagues and fellow-professionals. *\*Please note: upon your next renewal, you will be required to show proof you maintained membership throughout the three-year period.*

**3. Proof of Work in Out of School Time Functions**

Submit a letter from your most current supervisor that indicates your work experience - paid or unpaid.

**4. Letter of Recommendation**

Submit a letter from a school-age care professional, colleague, community partner or supervisor who can knowledgeably speak to your competence in the field of school-age care or SACC program development, giving specific examples.

**5. Updated Resume**

Submit a photocopy of your up-to-date resume.

**6 Professional Development/Contributions to the Field**

Document proof of your personal professional development AND a contribution to the field. Use the lists below.

Select at least **ONE**

- Proof of personal professional development (30 hours)
- Proof you attended 2 college classes relating to the field (Education, Adult Education, Management, etc.)

Select at least **ONE**

- Proof you have delivered professional development to the field (certificates, brochures, flyers)
- Essay describing your involvement in a Regional Network
- Essay describing your afterschool advocacy efforts
- Endorsed 3 SAC Credential Candidates (Submit copies of Procedural Verification Forms)
- Advised 3 SAC Credential Candidates (Submit copies of Request for Visit Forms)
- Successfully coached one program through Network for Youth Success Accreditation (Provide name of program coached)
- Other. Please call the Network for Youth Success before submitting.

**7. Commitment to Professionalism**

Choose five relevant skill areas. Write one year and three year goals for each. (Use form provided on next page.)

| Skill Area   | What I'll do and How I'll do it | When I'll do it |
|--|---------------------------------|-----------------|
| Specific, Measurable, Achievable, Relevant, Timely |                                 |                 |
| Short-Term<br>1 Year                               |                                 |                 |
| Long-Term<br>3 Year                                |                                 |                 |
|  |                                 |                 |
| Short-Term<br>1 Year                               |                                 |                 |
| Long-Term<br>3 Year                                |                                 |                 |
|  |                                 |                 |
| Short-Term<br>1 Year                               |                                 |                 |
| Long-Term<br>3 Year                                |                                 |                 |
|  |                                 |                 |
| Short-Term<br>1 Year                               |                                 |                 |
| Long-Term<br>3 Year                                |                                 |                 |
|  |                                 |                 |
| Short-Term<br>1 Year                               |                                 |                 |
| Long-Term<br>3 Year                                |                                 |                 |